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PATENT
Attorney Docket No.: 019396-000500US
Client Ref. No.: D2476

Amendment AF
P.O. Box 1450
Alexandria, VA 22313-1450

On September 3, 2004

TOWNSEND and TOWNSEND and CREW LLP

By: Nina L. McNeill

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Nathan F. Raciborski et al.

Application No.: 09/664,147

Filed: September 18, 2000

For: CONTENT TRACKING

Customer No.: 20350

Confirmation No. 6650

Examiner: Kevin S. Parton

Technology Center/Art Unit: 2153

RESPONSE

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Technology Center 2100

Amendment AF
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed July 22, 2004, please enter the following amendments and remarks:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 7 of this paper.

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 AT/2153
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PTO/SB/21 (04-04)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/664,147
	Filing Date	September 18, 2000
	First Named Inventor	Raciborski, Nathan F.
	Art Unit	2153
	Examiner Name	Kevin S. Parton
Total Number of Pages in This Submission	Attorney Docket Number	019396-000500US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Townsend and Townsend and Crew LLP Melissa A. Haapala Reg. No. 47,622
Signature	<i>Melissa A. Haapala</i>
Date	September 3, 2004

CERTIFICATE OF TRANSMISSION/MAILING			
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Typed or printed name	Nina L. McNeill		
Signature	<i>Nina L. McNeill</i>	Date	September 3, 2004